

<b>U.S. Department of Transportation Small Business Program Review Form</b>				Date: _____	
<b>Part I PROGRAM OFFICE</b>					
1. Office Routing Symbol _____	2. Requestor's Name: _____	3. Phone No.: _____	4. Procurement Request Number: _____	5. Estimated Dollar Value: \$ _____	
6. Description of the Acquisition (state if previously set-aside)					
7. Please Check as appropriate:	<input type="checkbox"/> New Requirement (Go to Part III) <input type="checkbox"/> _____			8. Recommended method of procurement (Select one from Part III) _____	
<b>Part II ACQUISITION HISTORY</b> If previously awarded, check all that apply			<b>Part III CO/SBS RECOMMENDATION</b> Check all that apply		
<input type="checkbox"/>	Small Business		<input type="checkbox"/>	Small Business Set-Aside	
<input type="checkbox"/>	Small Disadvantaged Business		<input type="checkbox"/>	SBA 8(a) Set-aside	
<input type="checkbox"/>	8(a) Business		<input type="checkbox"/>	HUBZone Set-Aside	
<input type="checkbox"/>	Woman Owned Business		<input type="checkbox"/>	Very Small Business Set-Aside	
<input type="checkbox"/>	Service Disabled Veteran Owned Business		<input type="checkbox"/>	Task Order/Delivery Order **	
<input type="checkbox"/>	Veteran Owned Business		<input type="checkbox"/>	GSA/FSS Order	
<input type="checkbox"/>	HUBZone Business		<input type="checkbox"/>	Woman Owned Business	
<input type="checkbox"/>	GSA/FSS Order		<input type="checkbox"/>	Service Disabled Veteran Owned Business	
<input type="checkbox"/>	Large Business		<input type="checkbox"/>	Large Business with Subcontracting Goals not entirely reserved or set-aside for Small Business (attach justification IAW TAM 1.103.	
<input type="checkbox"/>	Sole Source		<input type="checkbox"/>	Bundled Acquisition (complete Part IV)	
<input type="checkbox"/>	Task Order/Delivery Order		<input type="checkbox"/>	Sole Source	
9. Contract No.: _____ Contractor Name: _____ Program Official's Signature: _____ Date: _____			<input type="checkbox"/>	Other (Specify)	
			10. Small Business Size Standard: NAICS Code _____ (See 13CFR121) Employees _____ OR Dollars _____		
<b>Part IV BUNDLED ACQUISITIONS</b> (Not required for Acquisitions Entirely Reserved or Set-Aside for Small Businesses)					
<input type="checkbox"/>					
<input type="checkbox"/>					
<b>Part V SB PROGRAM RECOMMENDATION - CONCURRENCE/APPROVALS</b>					
<b>Concur</b>	<b>Non-Concur</b>	11. Contracting Officer's Recommendation Signature: _____ Date: : _____ <div style="float: right; font-size: small;">           Attach justification if non-set-aside/bundled acquisition.            Attach justification if non-concur.         </div>			
		12. Small Business Specialist (SBS) Signature: _____ Date: : _____ <div style="float: right; text-align: center;"> <input type="checkbox"/> <b>Small Business Set-Aside</b>  <small>(if checked and SBS concurs, this constitutes approval and no further coordination required)</small> </div>			
		13. SBA Procurement Center Representative (PCR) Signature: _____ Date: : _____ <div style="float: right; font-size: small;">           Attach justification if non-concur.         </div>			
<b>Approve</b>	<b>Disapprove</b>	14. Director OSDBU Signature: _____ Date: : _____ <div style="float: right; font-size: small;">           Attach justification if disapproved         </div>			